

**Note: This is a sample  
template, it is not  
an OMB approved  
form.**

**Universal 911 Dialing- First Transition Report**

Please read instructions before completing

**Section 1  
Carrier Identification Information**

Parent Company Name  
Totah Telephone Company, Incorporated

Service Provider Name  
Totah Telephone Company, Incorporated

Company Address, City, State, Zip  
P.O. Box 300  
101 S. Ochelata St.  
Ochelata, OK 74051

Service Provider Type            Wireless            ☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name  
Mark M. Gailey, President

Contact Tel #  
918-535-2208

Fax #  
918-535-2701

E-mail Address  
mmgailey@totelcsi.net

**Section 2  
Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Osage County, OK  
Nowata County, OK  
Elk County, KS

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

At this time none of these three counties have a PSAP designated. The Governor's office has been contacted in Oklahoma and Kansas for a centralized location. One has not been designated to date.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

We are working to identify the points where 911 calls will need to be terminated. Once that is determined, work can be scheduled.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Abbreviated dialing will be completed at the same time that the termination points are connected. For areas where facilities are available to provide connectivity with the designated termination points, the 911 abbreviated dialing code should be completed by the September 11, 2002. For areas where facilities are not available to provide connectivity to the designated termination points, the transition to 911 will not be complete until appropriate facilities are constructed and a basis for cost recovery established. At this time it is not possible to project a completion date for such areas. This problem is explained in the following section.

### Section 3

#### 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operation problems carrier has experienced during the initial transition stages.

For South Elgin, OK and South Hewins, OK (both located in Osage County Ok) the office they are switched from are located inside the state of Kansas. These exchanges are in the Kansas LATA. There will have to be connectivity established from a Government agency located in Osage County Oklahoma to the office located in Havana, KS. There will also have to be some sort of cost recovery for providing this connectivity.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

There has been contact made with the Governor's office in Kansas and Oklahoma. Elk County Sheriff's office has also been contacted.

#### Section 4

##### **Certification - To be signed by an authorized representative of the reporting entity**

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_.

Signature Mark M. Gailey

Printed name of authorized representative Mark M. Gailey

Title President and General Manager

Date March 7, 2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER  
TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.